

Application Data Sheet

Application Information

Application number::	
Filing Date::	November 12, 2003
Application Type::	Regular
Subject Matter::	Utility
Suggested classification::	
Suggested Group Art Unit::	
CD-ROM or CD-R?::	None
Number of CD disks::	
Number of copies of CDs::	
Sequence submission?::	
Computer Readable Form (CRF)?::	
Number of copies of CRF::	
Title::	QUANTITATIVE ANALYSIS OF A BIOLOGICAL SAMPLE OF UNKNOWN QUANTITY
Attorney Docket Number::	006405.00029
Request for Early Publication?::	NO
Request for Non-Publication?::	NO
Suggested Drawing Figure::	
Total Drawing Sheets::	11
Small Entity?::	YES
Latin name::	
Variety denomination name::	
Petition included?::	NO
Petition Type::	
Licensed US Govt. Agency::	
Contract or Grant Numbers::	
Secrecy Order in Parent Appl.?::	NO

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Michael
Middle Name::
Family Name:: Wandell
Name Suffix::
City of Residence:: Mercer Island
State or Province of Residence:: WA
Country of Residence:: US
Street of mailing address:: 7236 Holly Hall Drive
City of mailing address:: Mercer Island
State or Province of mailing address:: WA
Country of mailing address:: US
Postal or Zip Code of mailing address:: 98040

Applicant Authority Type:: Inventor
Primary Citizenship Country:: RU
Status:: Full Capacity
Given Name:: Ilia
Middle Name::
Family Name:: Vinogradov
Name Suffix::
City of Residence:: Elmhurst
State or Province of Residence:: IL
Country of Residence:: US
Street of mailing address:: 170 Hawthorne
City of mailing address:: Elmhurst

State or Province of mailing address:: IL
Country of mailing address:: US
Postal or Zip Code of mailing address:: 60126

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Barbara
Middle Name::
Family Name:: Godsey
Name Suffix::
City of Residence:: Long Grove
State or Province of Residence:: IL
Country of Residence:: US
Street of mailing address:: 2401 W. Hassell Road
Suite 1510
City of mailing address:: Hoffman Estates
State or Province of mailing address:: IL
Country of mailing address:: US
Postal or Zip Code of mailing address:: 60195

Correspondence Information

Correspondence Customer Number:: 22908

Representative Information

Representative Customer Number:: 22908

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	CIP	10/421,086	04/23/2003
10/421,086	Non-Provisional	60/374,629	04/23/2002

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Foreign Priority Information

Country::	Application number::	Filing Date::	Priority Claimed::

Assignee Information

Assignee name:: Home Access Health Corporation
 Street of mailing address:: 2401 W. Hassell Road, Suite 1510
 City of mailing address:: Hoffman Estates
 State or Province of mailing address:: IL
 Country of mailing address:: US
 Postal or Zip Code of mailing address:: 60195